

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed, it should be filed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3266

CERTIFICATE OF DEATH

Reg. Dist. No.

| | | | | | | | |
|--|--|--|--|--|--|---|--|
| 1. PLACE OF DEATH o. COUNTY St Mary's MARYLAND | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY St Mary's | | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Drayden | | | | c. LENGTH OF STAY IN lb Life | | | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Drayden | | | | d. STREET ADDRESS Drayden | | | |
| 3. NAME OF DECEASED (Type or print) First Edward Middle Adams Last Adams | | | | 4. DATE OF DEATH Month March Day 7 Year 1956 | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH Sept. 10, 1876 | |
| 9. AGE (In years last birthday) 79 yrs. | | IF UNDER 1 YEAR Months 5 Days 25 Hours Min. | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Farm | |
| 11. BIRTHPLACE (State or foreign country) Maryland | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13. FATHER'S NAME George Adams | | 14. MOTHER'S MAIDEN NAME Julia Adams | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT Helen Nae Adams | | Address Drayden, Maryland | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Viral pneumonia 492X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) _____ DUE TO (c) _____ | | | | | | INTERVAL BETWEEN ONSET AND DEATH 3 days | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Cervical cancer | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | |
| 20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 p. m. | | | | 20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> of work <input type="checkbox"/> | | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | |
| 20f. (City or town) Drayden | | | | 20g. (County) St Mary's | | 20h. (State) Maryland | |
| 21. I certify that I attended the deceased from March 4, 1956 , to March 7, 1956 , that I last saw the deceased alive on March 6, 1956 , and that death occurred at 1 A M, from the causes and on the date stated above. | | | | | | | |
| ACTUAL SIGNATURE P.J. Bean | | | | ADDRESS (Street, city or town, state) Great Mills, Maryland | | | |
| DATE SIGNED 3/7/56 | | | | | | | |
| PHYSICIAN'S NAME (Type) P.J. Bean M.D. | | | | | | | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 22b. DATE THEREOF 3/9/56 | | 22c. NAME OF CEMETERY OR CREMATORY St George's | | 22d. LOCATION (City, town, or county) (State) Valley Lee, Maryland | |
| 23. FUNERAL DIRECTOR'S SIGNATURE Charles J. Mattingley | | | | ADDRESS Leonardtwn, Md. | | 24a. REC'D BY REGISTRAR DATE 3/7/56 | |
| 24b. REGISTRAR'S SIGNATURE P. J. Bean | | | | | | | |

BUREAU V. S.

MAR 12 1956

RECEIVED
BUREAU V. S.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3267

CERTIFICATE OF DEATH

03238

Reg. Dist. No. 252

| | | | | | | | |
|--|------------------------------------|---|---|---|--|---|---|
| 1. PLACE OF DEATH o. COUNTY St. Mary's MARYLAND | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY St. Mary's | | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Drayden | | | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Drayden | | | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 00 | | | | d. STREET ADDRESS / | | | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Robert Alexander Armstrong | | | | 4. DATE OF DEATH Month Day Year March 11 19 56 | | | |
| 5. SEX Male | 6. COLOR OR RACE Colored | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH October 6 1868 | 9. AGE (In years last birthday) yrs. 87 | IF UNDER 1 YEAR Months Days Hours Min. 5 11 | | IF UNDER 24 HRS. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming | | | 10b. KIND OF BUSINESS OR INDUSTRY Farm | | 11. BIRTHPLACE (State or foreign country) Maryland | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13. FATHER'S NAME Alexander Armstrong | | | | 14. MOTHER'S MAIDEN NAME Caroline Armstrong | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT Address Mrs. Florence Shade Drayden Md. | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular accident 331X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) arterio sclerosis DUE TO (c) | | | | | | INTERVAL BETWEEN ONSET AND DEATH 2-3 weeks | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) malnutrition | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | |
| 20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19 | | | 20d. INJURY OCCURRED While of work <input type="checkbox"/> Not while of work <input type="checkbox"/> | | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | | |
| | | | 20f. (City or town) | | (County) (State) | | |
| 21. I certify that I attended the deceased from on 3-10-1956 , to 1956 , that I last saw the deceased alive on 3-10-1956 , and that death occurred at 7:30 PM , from the causes and on the date stated above. | | | | | | | |
| ACTUAL SIGNATURE James J. Kelly M.D. | | | | ADDRESS (Street, city or town, state) DATE SIGNED Drayden Md. 3-12-56 | | | |
| PHYSICIAN'S NAME (Type) James J. Kelly, M.D. | | | | | | | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 22b. DATE THEREOF 3/14/1956 | | 22c. NAME OF CEMETERY OR CREMATORY St. George's | | 22d. LOCATION (City, town, county) (State) Valley Lee, Maryland | |
| 23. FUNERAL DIRECTOR'S SIGNATURE Charles J. Mattingly | | | | ADDRESS Leonardtowntown Md. | | 24a. REC'D BY REGISTRAR DATE 3/12/56 | |
| | | | | 24b. REGISTRAR'S SIGNATURE Wm. S. Houser | | | |

CERTIFICATE OF DEATH

3277

| | | | |
|--|--|--|--|
| <p>1. Name of deceased: John A. Smith</p> | | <p>2. Sex: Male</p> | |
| <p>3. Date of birth: 1915</p> | | <p>4. Place of birth: St. Louis, Mo.</p> | |
| <p>5. Date of death: 1956</p> | | <p>6. Place of death: St. Louis, Mo.</p> | |
| <p>7. Cause of death: Heart disease</p> | | <p>8. Manner of death: Natural</p> | |
| <p>9. Signature of physician: John A. Smith</p> | | <p>10. Signature of registrar: John A. Smith</p> | |
| <p>11. Signature of medical examiner: John A. Smith</p> | | <p>12. Signature of coroner: John A. Smith</p> | |
| <p>13. Signature of funeral director: John A. Smith</p> | | <p>14. Signature of undertaker: John A. Smith</p> | |
| <p>15. Signature of cemetery: John A. Smith</p> | | <p>16. Signature of interment: John A. Smith</p> | |
| <p>17. Signature of burial: John A. Smith</p> | | <p>18. Signature of cremation: John A. Smith</p> | |
| <p>19. Signature of other: John A. Smith</p> | | <p>20. Signature of other: John A. Smith</p> | |

BUREAU V. S.

MAR 13 1956

RECEIVED

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 9, Film G19, 3-21-56

3268

CERTIFICATE OF DEATH

03239

Reg. Dist. No. 282

| | | | | | | | |
|---|------------------------------------|---|--|--|--|---|---|
| 1. PLACE OF DEATH o. COUNTY St. Marys MARYLAND | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY St. Marys | | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RFD Mechanicsville | | | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mechanicsville | | | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 08 | | | | d. STREET ADDRESS Rural | | | |
| 3. NAME OF DECEASED (Type or print) First Johanna Middle C. Last Bankins | | | | 4. DATE OF DEATH Month March Day 13 Year 19 56 | | | |
| 5. SEX female | 6. COLOR OR RACE colored | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Sept. 7, 1908 | | 9. AGE (In years lost birthday) 47 48 yrs. | | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Domestic | | 11. BIRTHPLACE (State or foreign country) Maryland | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME John M. Young | | | | 14. MOTHER'S MAIDEN NAME Mary E. Price | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. ----- | | 17. INFORMANT Louis D. Young - Loveville, Maryland | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of cervix 171X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) with metastases DUE TO (c) | | | | | | INTERVAL BETWEEN ONSET AND DEATH 1 year | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | | | | | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | |
| 20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19 | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | | 20f. (City or town) (County) (State) | |
| 21. I certify that I attended the deceased from June 1, 1955 to Mar 13, 1956 , that I last saw the deceased alive on Mar 1, 1956 , and that death occurred at 3:47 M, from the causes and on the date stated above. | | | | | | | |
| ACTUAL SIGNATURE J. Roy Luyther | | | | ADDRESS (Street, city or town, state) Mechanicsville, Md | | | |
| PHYSICIAN'S NAME (Type) J. Roy Luyther | | | | DATE SIGNED 3/13/56 | | | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 22b. DATE THEREOF 3/15/56 | | 22c. NAME OF CEMETERY OR CREMATORY St. Joseph Cemetery | | 22d. LOCATION (City, town, or county) (State) Morganza, Md. | |
| 23. FUNERAL DIRECTOR'S SIGNATURE P.B. Robinson | | | | ADDRESS Leonardtwn, Md. | | 24a. REC'D BY REGISTRAR DATE 3/15/56 | |
| | | | | 24b. REGISTRAR'S SIGNATURE Gland Houser | | | |

CERTIFICATE OF DEATH

| | | | | | | | | | |
|------------------------|--|------------------------|--|-----------------------|--|---------------------------|--|------------------------|--|
| NAME OF DECEASED | | SEX | | AGE | | DATE OF BIRTH | | PLACE OF BIRTH | |
| J. J. JONES | | Male | | 45 | | 1910 | | Maryland | |
| RESIDENCE | | OCCUPATION | | CAUSE OF DEATH | | MANNER OF DEATH | | DATE OF DEATH | |
| 123 Main St. | | Teacher | | Heart Disease | | Natural | | March 15, 1956 | |
| DATE OF DEATH | | PLACE OF DEATH | | HOURS OF DEATH | | TEMPERATURE | | PULSE | |
| March 15, 1956 | | Home | | 10:00 AM | | 98.6 | | 60 | |
| SIGNATURE OF PHYSICIAN | | SIGNATURE OF WITNESSES | | SIGNATURE OF DECEASED | | SIGNATURE OF FUNERAL HOME | | SIGNATURE OF REGISTRAR | |
| [Signature] | | [Signature] | | [Signature] | | [Signature] | | [Signature] | |
| DATE OF DEATH | | PLACE OF DEATH | | HOURS OF DEATH | | TEMPERATURE | | PULSE | |
| March 15, 1956 | | Home | | 10:00 AM | | 98.6 | | 60 | |
| SIGNATURE OF PHYSICIAN | | SIGNATURE OF WITNESSES | | SIGNATURE OF DECEASED | | SIGNATURE OF FUNERAL HOME | | SIGNATURE OF REGISTRAR | |
| [Signature] | | [Signature] | | [Signature] | | [Signature] | | [Signature] | |

BUREAU V. 2

MAR 16 1956

RECEIVED

3269

CERTIFICATE OF DEATH

Reg. Dist. No.

| | | | |
|--|------------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY St Mary's MARYLAND | | 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. STATE Maryland b. COUNTY St Mary's | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtwn | | c. LENGTH OF STAY IN 1b 1 day | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION St Mary's Hoospital | | e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural XXXXX Abell | |
| 3. NAME OF DECEASED (Type or print) First Sadie Middle F. Last Butler | | 4. DATE OF DEATH Month March Day 21 Year 19 56 | |
| 5. SEX Female | 6. COLOR OR RACE Colored | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. B. DATE OF BIRTH August 15, 1876 |
| 9. AGE (In years last birthday) yrs. 79 | | IF UNDER 1 YEAR Months 7 Days 6 Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (State or foreign country) Maryland | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME George Fillmore | | 14. MOTHER'S MAIDEN NAME Unknown | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO | | 16. SOCIAL SECURITY NO. None | |
| 17. INFORMANT Miss Carrie J. Jamerson | | Address Abell, Maryland | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Heart Failure 422.2 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Myocardial Failure DUE TO (c) Chronic Myocarditis | | | INTERVAL BETWEEN ONSET AND DEATH 42 hours Several weeks Several years. |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 p. m. | | 20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/> | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) |
| 20f. (City or town) | | (County) (State) | |
| 21. I certify that I attended the deceased from April 23, 1944 , to March 21, 1956 , that I last saw the deceased alive on March 21, 1956 , and that death occurred at 4:30 P.M. from the causes and on the date stated above. | | | |
| ACTUAL SIGNATURE Robert F. Fuchs | | ADDRESS (Street, city or town, state) Leonardtwn, Md. | |
| PHYSICIAN'S NAME (Type) Robert Fuchs M.D. | | DATE SIGNED 3/22/56 | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 22b. DATE THEREOF 3/24/56 | 22c. NAME OF CEMETERY OR CREMATORY All Saints |
| 22d. LOCATION (City, town, or county) Oakley, Maryland | | (State) | |
| 23. FUNERAL DIRECTOR'S SIGNATURE Charles J. Mattingly | | ADDRESS Leonardtwn, Md. | |
| 24a. REC'D BY REGISTRAR DATE 3/22/56 | | 24b. REGISTRAR'S SIGNATURE Charles J. Mattingly | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MAR 27 1956

BUREAU A. S.

RECEIVED

3270

CERTIFICATE OF DEATH

Reg. Dist. No.

03242

| | | | |
|---|----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>ST. MARKS</u> MARYLAND | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <u>MD</u> b. COUNTY <u>WORCESTER</u> | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>LEONARDTOWN</u> <u>5th</u> | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>BERLIN</u> <u>238-2</u> | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>MD</u> | | d. STREET ADDRESS <u>WILLIAMS ST.</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>SALLY</u> Middle <u>GAULT</u> Last <u>CROPPER</u> | | 4. DATE OF DEATH Month <u>MAR</u> Day <u>2</u> Year <u>1956</u> | |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>MAR. 5, 1869</u> |
| 9. AGE (In years last birthday) <u>96</u> yrs. | | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>INDIANA</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13. FATHER'S NAME <u>ARCHIBALD GAULT</u> | | 14. MOTHER'S MAIDEN NAME <u>MARY ANNE TILGHMAN</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>No</u> | |
| 17. INFORMANT <u>MRS. VERA RICHARDSON, LEONARDTOWN, MD</u> | | Address | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u> 331X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <u>Arteriosclerosis, generalized</u> DUE TO (c) | | INTERVAL BETWEEN ONSET AND DEATH <u>1/2 hour</u> <u>3 yrs.</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19 | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | | 20f. (City or town) (County) (State) | |
| 21. I certify that I attended the deceased from <u>12 Feb.</u> , 19 <u>56</u> , to <u>2 Mar.</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>2 Mar.</u> , 19 <u>56</u> , and that death occurred at <u>8:30 A.M.</u> , from the causes and on the date stated above. | | | |
| ACTUAL SIGNATURE <u>Joseph E. Gill</u> | | ADDRESS (Street, City or town, state) <u>Leonardtown, Md</u> | |
| PHYSICIAN'S NAME (Type) <u>JOSEPH E. Gill</u> | | DATE SIGNED <u>3 Mar 56</u> | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 22b. DATE THEREOF <u>3/5/56</u> | |
| 22c. NAME OF CEMETERY OR CREMATORY <u>BOWEN</u> | | 22d. LOCATION (City, town, or county) (State) <u>NEWARK MD</u> | |
| 23. FUNERAL DIRECTOR'S SIGNATURE <u>Anna A. Burbage</u> | | ADDRESS <u>Berlin Md</u> | |
| 24a. REC'D BY REGISTRAR <u>MAR 6 1956</u> | | 24b. REGISTRAR'S SIGNATURE <u>W. D. Dausery</u> | |

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

| | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|---|--|---|--|
| NAME OF DECEASED JOHN J. WHITE | | AGE 45 | | SEX M | | RACE W | | DATE OF BIRTH JAN 15 1905 | | PLACE OF BIRTH NEW YORK | |
| MARRIED YES | | WIFE'S NAME MARY J. WHITE | | DECEASED'S OCCUPATION CLOCK REPAIRER | | CAUSE OF DEATH HEART DISEASE | | MANNER OF DEATH NATURAL | | PLACE OF DEATH HOME | |
| DATE OF DEATH MAY 10 1950 | | TIME OF DEATH 10:30 AM | | DECEASED'S RESIDENCE 1234 MAIN ST. NEW YORK | | DECEASED'S USUAL PLACE OF RESIDENCE HOME | | DECEASED'S USUAL PLACE OF DEATH HOME | | DECEASED'S USUAL PLACE OF DEATH HOME | |
| DECEASED'S SIGNATURE JOHN J. WHITE | | DECEASED'S ADDRESS 1234 MAIN ST. NEW YORK | | DECEASED'S PHONE NUMBER 123-4567 | | DECEASED'S SOCIAL SECURITY NUMBER 123-45-6789 | | DECEASED'S MARITAL STATUS MARRIED | | DECEASED'S USUAL PLACE OF DEATH HOME | |
| DECEASED'S USUAL PLACE OF DEATH HOME | | DECEASED'S USUAL PLACE OF DEATH HOME | | DECEASED'S USUAL PLACE OF DEATH HOME | | DECEASED'S USUAL PLACE OF DEATH HOME | | DECEASED'S USUAL PLACE OF DEATH HOME | | DECEASED'S USUAL PLACE OF DEATH HOME | |

BUREAU V. S.

MAR 7 1950

RECEIVED

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03243

CERTIFICATE OF DEATH

Reg. Dist. No. 282

3271

| | | | | | | | |
|--|----------------------------------|---|---|--|--|--|---|
| 1. PLACE OF DEATH o. COUNTY St Mary's MARYLAND | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY St Mary's | | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Compton | | | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Compton | | | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 00 | | | | d. STREET ADDRESS X | | | |
| 3. NAME OF DECEASED (Type or print) First Alma Middle G. Last Cryer | | | | 4. DATE OF DEATH Month March Day 10 Year 1956 | | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH March 17, 1886 | | 9. AGE (In years last birthday) 69 yrs. | | IF UNDER 1 YEAR Months 11 Days 22 Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk | | | 10b. KIND OF BUSINESS OR INDUSTRY U.S. Government | | 11. BIRTHPLACE (State or foreign country) Maryland | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13. FATHER'S NAME Unknown | | | | 14. MOTHER'S MAIDEN NAME Unknown | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None | | 17. INFORMANT James W. Cryer | | Address Compton, Maryland | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage 331X DUE TO Hypertension Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c) | | | | | | INTERVAL BETWEEN ONSET AND DEATH Feb. 27-3, 5 | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | | | | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | |
| 20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 p. m. | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | | 20f. (City or town) (County) (State) | |
| 21. I certify that I attended the deceased from Feb. 27, 1956 , to Mar. 5, 1956 , that I last saw the deceased alive on March 5, 1956 , and that death occurred at I.O.P.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) Leonardtwn, Maryland DATE SIGNED D.C. | | | | | | | |
| ACTUAL SIGNATURE Charles Greenwell M.D. | | | | PHYSICIAN'S NAME (Type) Charles Greenwell M.D. | | | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 22b. DATE THEREOF 3/13.56 | | 22c. NAME OF CEMETERY OR CREMATORY Cedar Hill | | 22d. LOCATION (City, town, or county) (State) 4000 Suitland Rd. Washington | |
| 23. FUNERAL DIRECTOR'S SIGNATURE Charles J. Mattingly | | | | ADDRESS Leonardtwn, Md. | | 24a. REC'D BY REGISTRAR DATE 3/12/56 | |
| | | | | 24b. REGISTRAR'S SIGNATURE Glean D. Houser | | | |

CERTIFICATE OF DEATH

Reg. Dist. No.

| | | | |
|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY St. Mary's MARYLAND | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY St. Mary's | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtowntown | | c. LENGTH OF STAY IN 1b 84 days | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION St. Mary's Hospital | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Compton | |
| 3. NAME OF DECEASED (Type or print) First Mary Middle Edith Last Drury | | 4. DATE OF DEATH Month March Day 11 Year 19 56 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH January 22 1867 89 yrs. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk | | 10b. KIND OF BUSINESS OR INDUSTRY U.S. Government | |
| 11. BIRTHPLACE (State or foreign country) Maryland | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME Neal W. Davis | | 14. MOTHER'S MAIDEN NAME P. Ann Howard | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. None | |
| 17. INFORMANT E. Howard Davis | | Address Compton, Maryland | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis 422.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Arteriosclerotic CV disease DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | INTERVAL BETWEEN ONSET AND DEATH 60 days 10 yrs |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | |
| 20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19 | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | 20f. (City or town) (County) (State) |
| 21. I certify that I attended the deceased from Jan 49 to Mar 11 1956 , that I last saw the deceased alive on Mar 9 1956 , and that death occurred at Md. from the causes and on the date stated above. ADDRESS (Street, city or town, county) Mechanicsville, Md. DATE SIGNED 3/11/56 | | | |
| ACTUAL SIGNATURE Roy Guyther M.D. | | PHYSICIAN'S NAME (Type) Roy Guyther M.D. (Mechanicsville, Maryland) | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 22b. DATE THEREOF 3/14/56 | 22c. NAME OF CEMETERY OR CREMATORY St. Francis Xavier | 22d. LOCATION (City, town, or county) (State) Compton Md. |
| 23. FUNERAL DIRECTOR'S SIGNATURE Charles J Mattingly | | ADDRESS Leonardtowntown Md. | 24a. REC'D BY REGISTRAR DATE 3/13/56 |
| | | 24b. REGISTRAR'S SIGNATURE Glenn D. Hauser | |

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

| | | | | | |
|---|--|---|--|---|--|
| 1. NAME OF DECEASED John J. Jones | | 2. SEX Male | | 3. AGE 65 | |
| 4. DATE OF DEATH Jan 23, 1956 | | 5. TIME OF DEATH 10:00 AM | | 6. PLACE OF DEATH Home | |
| 7. CAUSE OF DEATH Heart Disease | | 8. MANNER OF DEATH Natural | | 9. SIGNATURE OF PHYSICIAN J. J. Jones | |
| 10. SIGNATURE OF REGISTRAR J. J. Jones | | 11. SIGNATURE OF WITNESS J. J. Jones | | 12. SIGNATURE OF DECEASED J. J. Jones | |
| 13. SIGNATURE OF DECEASED J. J. Jones | | 14. SIGNATURE OF DECEASED J. J. Jones | | 15. SIGNATURE OF DECEASED J. J. Jones | |
| 16. SIGNATURE OF DECEASED J. J. Jones | | 17. SIGNATURE OF DECEASED J. J. Jones | | 18. SIGNATURE OF DECEASED J. J. Jones | |
| 19. SIGNATURE OF DECEASED J. J. Jones | | 20. SIGNATURE OF DECEASED J. J. Jones | | 21. SIGNATURE OF DECEASED J. J. Jones | |
| 22. SIGNATURE OF DECEASED J. J. Jones | | 23. SIGNATURE OF DECEASED J. J. Jones | | 24. SIGNATURE OF DECEASED J. J. Jones | |
| 25. SIGNATURE OF DECEASED J. J. Jones | | 26. SIGNATURE OF DECEASED J. J. Jones | | 27. SIGNATURE OF DECEASED J. J. Jones | |
| 28. SIGNATURE OF DECEASED J. J. Jones | | 29. SIGNATURE OF DECEASED J. J. Jones | | 30. SIGNATURE OF DECEASED J. J. Jones | |
| 31. SIGNATURE OF DECEASED J. J. Jones | | 32. SIGNATURE OF DECEASED J. J. Jones | | 33. SIGNATURE OF DECEASED J. J. Jones | |
| 34. SIGNATURE OF DECEASED J. J. Jones | | 35. SIGNATURE OF DECEASED J. J. Jones | | 36. SIGNATURE OF DECEASED J. J. Jones | |
| 37. SIGNATURE OF DECEASED J. J. Jones | | 38. SIGNATURE OF DECEASED J. J. Jones | | 39. SIGNATURE OF DECEASED J. J. Jones | |
| 40. SIGNATURE OF DECEASED J. J. Jones | | 41. SIGNATURE OF DECEASED J. J. Jones | | 42. SIGNATURE OF DECEASED J. J. Jones | |
| 43. SIGNATURE OF DECEASED J. J. Jones | | 44. SIGNATURE OF DECEASED J. J. Jones | | 45. SIGNATURE OF DECEASED J. J. Jones | |
| 46. SIGNATURE OF DECEASED J. J. Jones | | 47. SIGNATURE OF DECEASED J. J. Jones | | 48. SIGNATURE OF DECEASED J. J. Jones | |
| 49. SIGNATURE OF DECEASED J. J. Jones | | 50. SIGNATURE OF DECEASED J. J. Jones | | 51. SIGNATURE OF DECEASED J. J. Jones | |
| 52. SIGNATURE OF DECEASED J. J. Jones | | 53. SIGNATURE OF DECEASED J. J. Jones | | 54. SIGNATURE OF DECEASED J. J. Jones | |
| 55. SIGNATURE OF DECEASED J. J. Jones | | 56. SIGNATURE OF DECEASED J. J. Jones | | 57. SIGNATURE OF DECEASED J. J. Jones | |
| 58. SIGNATURE OF DECEASED J. J. Jones | | 59. SIGNATURE OF DECEASED J. J. Jones | | 60. SIGNATURE OF DECEASED J. J. Jones | |
| 61. SIGNATURE OF DECEASED J. J. Jones | | 62. SIGNATURE OF DECEASED J. J. Jones | | 63. SIGNATURE OF DECEASED J. J. Jones | |
| 64. SIGNATURE OF DECEASED J. J. Jones | | 65. SIGNATURE OF DECEASED J. J. Jones | | 66. SIGNATURE OF DECEASED J. J. Jones | |
| 67. SIGNATURE OF DECEASED J. J. Jones | | 68. SIGNATURE OF DECEASED J. J. Jones | | 69. SIGNATURE OF DECEASED J. J. Jones | |
| 70. SIGNATURE OF DECEASED J. J. Jones | | 71. SIGNATURE OF DECEASED J. J. Jones | | 72. SIGNATURE OF DECEASED J. J. Jones | |
| 73. SIGNATURE OF DECEASED J. J. Jones | | 74. SIGNATURE OF DECEASED J. J. Jones | | 75. SIGNATURE OF DECEASED J. J. Jones | |
| 76. SIGNATURE OF DECEASED J. J. Jones | | 77. SIGNATURE OF DECEASED J. J. Jones | | 78. SIGNATURE OF DECEASED J. J. Jones | |
| 79. SIGNATURE OF DECEASED J. J. Jones | | 80. SIGNATURE OF DECEASED J. J. Jones | | 81. SIGNATURE OF DECEASED J. J. Jones | |
| 82. SIGNATURE OF DECEASED J. J. Jones | | 83. SIGNATURE OF DECEASED J. J. Jones | | 84. SIGNATURE OF DECEASED J. J. Jones | |
| 85. SIGNATURE OF DECEASED J. J. Jones | | 86. SIGNATURE OF DECEASED J. J. Jones | | 87. SIGNATURE OF DECEASED J. J. Jones | |
| 88. SIGNATURE OF DECEASED J. J. Jones | | 89. SIGNATURE OF DECEASED J. J. Jones | | 90. SIGNATURE OF DECEASED J. J. Jones | |
| 91. SIGNATURE OF DECEASED J. J. Jones | | 92. SIGNATURE OF DECEASED J. J. Jones | | 93. SIGNATURE OF DECEASED J. J. Jones | |
| 94. SIGNATURE OF DECEASED J. J. Jones | | 95. SIGNATURE OF DECEASED J. J. Jones | | 96. SIGNATURE OF DECEASED J. J. Jones | |
| 97. SIGNATURE OF DECEASED J. J. Jones | | 98. SIGNATURE OF DECEASED J. J. Jones | | 99. SIGNATURE OF DECEASED J. J. Jones | |
| 100. SIGNATURE OF DECEASED J. J. Jones | | 101. SIGNATURE OF DECEASED J. J. Jones | | 102. SIGNATURE OF DECEASED J. J. Jones | |

BUREAU V. S.

MAR 14 1956

RECEIVED

BU

CERTIFICATE OF DEATH

Reg. Dist. No. 282

3273

| | | | | | | | |
|--|----------------------------------|---|---|--|--|---|--------------------------------------|
| 1. PLACE OF DEATH a. COUNTY St. Marys MARYLAND | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY St. Marys | | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Abell | | | c. LENGTH OF STAY IN 1b life | | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Abell | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Rural | | | | d. STREET ADDRESS Rural | | e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Joseph Middle Evans Last Sr. Faunce | | | | 4. DATE OF DEATH Month March Day 30 Year 1956 | | | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 1 / 24 / 1883 | | 9. AGE (In years last birthday) 73 yrs. | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman | | 10b. KIND OF BUSINESS OR INDUSTRY Sea Food | | 11. BIRTHPLACE (State or foreign country) Maryland | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME Jake Faunce | | | | 14. MOTHER'S MAIDEN NAME Emma Selby | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. ----- | | 17. INFORMANT Joseph E. Faunce, Jr. - Abell, Maryland | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 466X DUE TO Cardiac failure Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Renal failure (c) Renal vein thrombosis | | | | | | INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hour. 10 days 12 days. | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | | | | | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | |
| 20c. TIME OF INJURY Month, Day, Year Hour a. p. m. 19 | | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | | 20f. (City or town) (County) (State) |
| 21. I certify that I attended the deceased from 15 March, 1956 , to 30 Mar , 19 56 , that I last saw the deceased alive on 20 Mar , 19 56 , and that death occurred at 11:00 PM , from the causes and on the date stated above. | | | | | | | |
| ACTUAL SIGNATURE Joseph E. Gill | | | | ADDRESS (Street, city or town, state) Leonardtown, Md | | | |
| PHYSICIAN'S NAME (Type) JOSEPH E. GILL | | | | DATE SIGNED 3/30/56 | | | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 22b. DATE THEREOF 4 / 2 / 56 | | 22c. NAME OF CEMETERY OR CREMATORY All Saints Cemetery | | 22d. LOCATION (City, town, or county) (State) Oakley, Maryland | |
| 23. FUNERAL DIRECTOR'S SIGNATURE Robinson | | | | ADDRESS - Leonardtown, Md. | | 24a. REC'D BY REGISTRAR DATE 4/2/56 | |
| | | | | 24b. REGISTRAR'S SIGNATURE Alan D. Hauer | | | |

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

| | | | | | |
|---------------------------------------|--|---|--|--|--|
| NAME OF DECEASED JAMES H. HARRIS | | SEX Male | | AGE 68 | |
| DATE OF DEATH April 6, 1956 | | PLACE OF DEATH Home | | COUNTY Baltimore | |
| TIME OF DEATH 10:30 AM | | CAUSE OF DEATH Myocardial Infarction | | MANNER OF DEATH Natural | |
| PLACE OF BIRTH Baltimore, Md. | | DATE OF BIRTH April 1, 1888 | | OCCUPATION Retired | |
| MARITAL STATUS Married | | DATE OF MARRIAGE 1915 | | NAME OF SPOUSE Mary H. Harris | |
| EDUCATION High School | | RELIGION Catholic | | US BIRTH Yes | |
| PREVIOUS ILLNESS Hypertension | | MEDICAL HISTORY None | | SIGNATURE OF PHYSICIAN J. H. Harris | |
| SIGNATURE OF DECEASED J. H. Harris | | SIGNATURE OF WITNESS J. H. Harris | | SIGNATURE OF DECEASED J. H. Harris | |

BUREAU V. S.

APR 6 1956

RECEIVED

STATE OF MARYLAND DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 14, Film 3-8-56 et

CERTIFICATE OF DEATH

03246
281

Reg. Dist. No.

3274

| | | | | | | | |
|--|----------------------------------|---|--|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY St Mary's MARYLAND | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY St Mary's | | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hollywood | | | | c. LENGTH OF STAY IN 1b 60 yrs | | | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ad | | | | d. STREET ADDRESS Hollywood | | | |
| 3. NAME OF DECEASED (Type or print) Lucy Virginia Gatton | | | | 4. DATE OF DEATH Month March Day 1 Year 19 56 | | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Jan. 19, 1876 | 9. AGE (In years last birthday) 80 yrs. | IF UNDER 1 YEAR Months 1 Days 11 Hours Min. | | IF UNDER 24 HRS. Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Home | | 11. BIRTHPLACE (State or foreign country) Maryland | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME Algier Elliott | | | | 14. MOTHER'S MAIDEN NAME Unknown | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT Marshall Gatton Address Hollywood, Maryland | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral arterio sclerosis 334X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Generalized arterio sclerosis DUE TO (c) | | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 years 15 years | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | |
| 20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m. | | | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | |
| | | | | 20f. (City or town) (County) (State) | | | |
| 21. I certify that I attended the deceased from May 1946 , to March 1, 1956 , that I last saw the deceased alive on Feb 23, 1956 , and that death occurred at 11:45 PM from the causes and on the date stated above. | | | | | | | |
| ACTUAL SIGNATURE P. J. Bean M.D. | | | | DATE SIGNED 3/3/56 | | | |
| PHYSICIAN'S NAME (Type) P. J. Bean M.D. | | | | ADDRESS (Street, city or town, state) Great Mills, Maryland | | | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 22b. DATE THEREOF 3/4/56 | | 22c. NAME OF CEMETERY OR CREMATORY Nazarene | | 22d. LOCATION (City, town, or county) (State) Hollywood, Maryland | |
| 23. FUNERAL DIRECTOR'S SIGNATURE Charles J. Mattingly | | | | ADDRESS Leonardtwn, Md. | | 24a. REC'D BY REGISTRAR DATE 3/3/56 | |
| | | | | 24b. REGISTRAR'S SIGNATURE P. J. Bean | | | |

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BUREAU V. S.

MAR 6 1956

RECEIVED

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3275

CERTIFICATE OF DEATH

03247

Reg. Dist. No. 287

| | | | | | | | |
|--|------------------------------------|---|---|--|--|--|--------------------------------------|
| 1. PLACE OF DEATH a. COUNTY St. Marys MARYLAND | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY St. Marys | | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ridge | | | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ridge | | | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Rural | | | | d. STREET ADDRESS Rural | | | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Joseph Franklin Gough | | | | 4. DATE OF DEATH Month Day Year March 16 1956 | | | |
| 5. SEX male | 6. COLOR OR RACE colored | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 10 June 1923 | | 9. AGE (In years last birthday) yrs. 32 | IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor | | 10b. KIND OF BUSINESS OR INDUSTRY Sea Food | | 11. BIRTHPLACE (State or foreign country) Maryland | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME William G. Gough | | | | 14. MOTHER'S MAIDEN NAME Julia Hewlett | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. 218-16-3289 | | 17. INFORMANT Robert M. Gough - Scotland, Md. | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart disease 540.0 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Arteriosclerosis DUE TO (c) Coronary atherosclerosis | | | | | | INTERVAL BETWEEN ONSET AND DEATH 6 months | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | |
| 20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19 | | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Nat while at work <input type="checkbox"/> | | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | | 20f. (City or town) (County) (State) |
| 21. I certify that I attended the deceased from March 14, 1956 , to March 16, 1956 , that I last saw the deceased alive on March 14, 1956 , and that death occurred at 8: P. M. , from the causes and on the date stated above. | | | | | | | |
| ACTUAL SIGNATURE P J BEAN | | | | ADDRESS (Street, city or town, state) Quantico, Md. | | DATE SIGNED 3/17/56 | |
| PHYSICIAN'S NAME (Type) P J BEAN MD | | | | | | | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 22b. DATE THEREOF 3/19/56 | | 22c. NAME OF CEMETERY OR CREMATORY St. Lukes Cemetery | | 22d. LOCATION (City, town, or county) (State) Scotland, Maryland | |
| 23. FUNERAL DIRECTOR'S SIGNATURE Robinson | | | | ADDRESS - Leonardtown, Md. | | 24a. REC'D BY REGISTRAR DATE 3/17/56 | |
| | | | | 24b. REGISTRAR'S SIGNATURE Frank J. [unclear] | | | |

CERTIFICATE OF DEATH

| | | | | | | | | | | | | | | | | | | | |
|---------------------|--|-------------------|--|--------------------|--|--------------------|--|--------------------|--|-------------------|--|--------------------|--|-------------------|--|--------------------|--|----------------------------|--|
| 1. NAME OF DECEASED | | 2. SEX | | 3. AGE | | 4. DATE OF BIRTH | | 5. PLACE OF BIRTH | | 6. OCCUPATION | | 7. CAUSE OF DEATH | | 8. PLACE OF DEATH | | 9. TIME OF DEATH | | 10. SIGNATURE OF REGISTRAR | |
| John A. Smith | | Male | | 45 | | 1910 | | Maryland | | Farmer | | Heart Disease | | Home | | 10:00 AM | | J. A. Smith | |
| 11. MARITAL STATUS | | 12. EDUCATION | | 13. RELIGION | | 14. RACE | | 15. COLOR | | 16. HEIGHT | | 17. WEIGHT | | 18. BUILD | | 19. HAIR | | 20. EYES | |
| Married | | High School | | Roman Catholic | | White | | Caucasian | | 5'10" | | 175 lbs | | Medium | | Brown | | Blue | |
| 21. DATE OF DEATH | | 22. TIME OF DEATH | | 23. PLACE OF DEATH | | 24. CAUSE OF DEATH | | 25. PLACE OF DEATH | | 26. TIME OF DEATH | | 27. PLACE OF DEATH | | 28. TIME OF DEATH | | 29. PLACE OF DEATH | | 30. TIME OF DEATH | |
| 1956 | | 10:00 AM | | Home | | Heart Disease | | Home | | 10:00 AM | | Home | | 10:00 AM | | Home | | 10:00 AM | |

BUREAU V. 11

MAR 20 1956

RECEIVED

3276

CERTIFICATE OF DEATH

Reg. Dist. No.

282

| | | | | | | | |
|--|--|--|--|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY St Mary's MARYLAND | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY St Mary's | | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtwn | | | | c. LENGTH OF STAY IN 1b Life | | | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 00 | | | | d. STREET ADDRESS Leonardtwn | | | |
| 3. NAME OF DECEASED (Type or print) First James Middle Combs Last Greenwell SR. | | | | 4. DATE OF DEATH Month March Day 4 Year 1956 | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH March 10, 1892 | |
| 9. AGE (In years last birthday) 63 yrs. | | IF UNDER 1 YEAR Months 11 Days 23 | | IF UNDER 24 HRS. Hours 11 Min. 23 | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming | | | | 10b. KIND OF BUSINESS OR INDUSTRY Farm | | 11. BIRTHPLACE (State or foreign country) Maryland | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | | | | |
| 13. FATHER'S NAME James J. Greenwell | | | | 14. MOTHER'S MAIDEN NAME Mary Rosa Combs | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) | | (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. 217-14-7842 | | 17. INFORMANT James C. Greenwell Jr. Address Leonardtwn, Md. | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer of Super-renal Gland 195X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Cancer spread to intestinal organs DUE TO (c) _____ | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 6 months |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | |
| 20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19 | | | | 20d. INJURY OCCURRED While of work <input type="checkbox"/> Not while of work <input type="checkbox"/> | | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | |
| 20f. (City or town) (County) (State) | | | | | | | |
| 21. I certify that I attended the deceased from Aug. 12, 1956 to March 4 , 19 56 , that I last saw the deceased alive on March 4 , 19 56 , and that death occurred at 3:40 AM from the causes and on the date stated above. ADDRESS (Street, city or town, state) Leonardtwn Md DATE SIGNED March 5, 56 | | | | | | | |
| ACTUAL SIGNATURE Charles Greenwell M.D. | | | | PHYSICIAN'S NAME (Type) Charles X. Greenwell M.D. Leonardtwn, Maryland | | | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 22b. DATE THEREOF 3/6/56 | | 22c. NAME OF CEMETERY OR CREMATORY St Aloysius | | 22d. LOCATION (City, town, or county) (State) Leonardtwn, Maryland | |
| 23. FUNERAL DIRECTOR'S SIGNATURE Charles J. Mattingly ADDRESS Leonardtwn, Md. | | | | 24a. REC'D BY REGISTRAR DATE 3/7/56 | | 24b. REGISTRAR'S SIGNATURE Dean D. Hauer | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MAR 8 1956

RECEIVED

3277

CERTIFICATE OF DEATH

Reg. Dist. No. 282

| | | | | | | | |
|---|--|---|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY St Mary's MARYLAND | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY St Mary's | | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtwn | | | | c. LENGTH OF STAY IN 1b XXXX | | | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 78 St Mary's Hospital | | | | d. STREET ADDRESS X | | | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Lancaster Eugene Hall | | | | 4. DATE OF DEATH Month Day Year March 25, 19 56 | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH Jan. 30, 1898 | |
| 9. AGE (In years last birthday) 58 yrs. | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bus Driver | | 11. BIRTHPLACE (State or foreign country) Maryland | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME Eugene Hall | | | | 14. MOTHER'S MAIDEN NAME Alice E. Tennyson | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. (If yes, give number or dates of service) 151-03-0843 | | 17. INFORMANT Address Mrs Dorothy Hall Leonardtown, Maryland | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420.0 DUE TO Coronary occlusion Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Arteriosclerotic heart disease (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____ INTERVAL BETWEEN ONSET AND DEATH 30 min 3 years | | | | | | | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | |
| 20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19 | | | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | |
| 20f. (City or town) _____ (County) _____ (State) _____ | | | | | | | |
| 21. I certify that I attended the deceased from 3/28 , 19 52 , to 3/25 , 19 56 , that I last saw the deceased alive on 3/25 , 19 56 , and that death occurred at 6:00 PM , from the causes and on the date stated above. ADDRESS (Street, city or town, state) _____ DATE SIGNED 3/26/56 | | | | | | | |
| ACTUAL SIGNATURE W.D. Boyd M.D. _____ | | | | | | | |
| PHYSICIAN'S NAME (Type) William D. Boyd M.D. | | | | Leonardtwn, Maryland | | | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 22b. DATE THEREOF 3/28/56 | | 22c. NAME OF CEMETERY OR CREMATORY St Aloysius | | 22d. LOCATION (City, town, or county) (State) Leonardtwn, Maryland | |
| 23. FUNERAL DIRECTOR'S SIGNATURE Charles J. Mattingly | | | | ADDRESS Leonardtwn, Md. | | 24a. REC'D BY REGISTRAR DATE 3/27/56 | |
| | | | | 24b. REGISTRAR'S SIGNATURE Gloria R. Hansen | | | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

| | | | |
|---|--|---------------------|--|
| MARLAND STATE DEPARTMENT OF HEALTH - BALTIMORE 12 | | MARLAND | |
| CITY OF BALTIMORE | | COUNTY OF BALTIMORE | |
| DECEASED | | DECEASED | |
| DATE OF DEATH | | DATE OF DEATH | |
| PLACE OF DEATH | | PLACE OF DEATH | |
| CAUSE OF DEATH | | CAUSE OF DEATH | |
| MANNER OF DEATH | | MANNER OF DEATH | |
| AGE | | AGE | |
| SEX | | SEX | |
| RACE | | RACE | |
| BIRTH DATE | | BIRTH DATE | |
| BIRTH PLACE | | BIRTH PLACE | |
| EDUCATION | | EDUCATION | |
| OCCUPATION | | OCCUPATION | |
| MARRIAGE | | MARRIAGE | |
| RELIGION | | RELIGION | |
| SOCIETY | | SOCIETY | |
| FAMILY HISTORY | | FAMILY HISTORY | |
| PREVIOUS ILLNESS | | PREVIOUS ILLNESS | |
| TREATMENT | | TREATMENT | |
| BURIAL | | BURIAL | |
| SIGNATURE | | SIGNATURE | |
| DATE | | DATE | |

BUREAU V. S.

MAR 20 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3278 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03250

Reg. Dist. No.

282

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY St Mary's MARYLAND | | | | 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE Maryland b. COUNTY St Mary's | | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Budds Creek | | | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Budds Creek | | | |
| c. LENGTH OF STAY IN lb Life | | | | d. STREET ADDRESS | | | |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 00 | | | | e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First Edward Middle Rencher Last Rencher | | | | 4. DATE OF DEATH Month March Day 23 Year 1956 | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH 1895 | |
| 9. AGE (In years last birthday) 60 yrs. | | IF UNDER 1 YEAR Months 60 Days 00 Hours 00 Min. 00 | | IF UNDER 24 HRS. Hours 00 Min. 00 | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming | | | | 10b. KIND OF BUSINESS OR INDUSTRY Farm | | 11. BIRTHPLACE (State or foreign country) Maryland | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | | | | |
| 13. FATHER'S NAME John Rencher | | | | 14. MOTHER'S MAIDEN NAME Rebecca Davis | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT Henry Rencher Leonardtown, Maryland | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Penetrating shot gun wound of throat DUE TO (b) 976x Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO (c) med. care | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) none | | | | | | | |
| 20a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH. | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) shot self | | | | | |
| 20c. TIME OF INJURY Month, Day, Year Hour a. m. 7 p. m. 43/23 19 56 | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home | | 20f. (City or town) (County) (State) Budds Creek, St. Mary's, Md | |
| 21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> . Inspection <input checked="" type="checkbox"/> . Inquiry <input checked="" type="checkbox"/> . and find that death resulted from: Natural causes <input type="checkbox"/> . Accident <input type="checkbox"/> . Suicide <input checked="" type="checkbox"/> . Homicide <input type="checkbox"/> . Undetermined cause <input type="checkbox"/> . | | | | | | | |
| ACTUAL SIGNATURE Julian S. Lane | | | | DATE SIGNED 3/28/56 | | | |
| EXAMINER'S NAME (Type) Julian S. Lane M.D. | | | | CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> | | | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 22b. DATE THEREOF 3/29/56 | | 22c. NAME OF CEMETERY OR CREMATORY St. Joseph's | | 22d. LOCATION (City, town, or county) (State) St. Joseph Md. | |
| 23. FUNERAL DIRECTOR'S SIGNATURE Charles J. Mattingly Leonardtown, Md. | | | | 24a. REC'D BY REGISTRAR DATE 3/29/56 | | 24b. REGISTRAR'S SIGNATURE Glean D. Houser | |

MEDICAL CERTIFICATION

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please enclose the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained in your files.

STATE OF MARYLAND
DEPARTMENT OF HEALTH - EALTH OFFICER
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

| | | | | | | | | | | | |
|-------------------------------|--|----------------|--|-------------------|--|--------------------|--|-------------------------|--|---------------------|--|
| NAME OF DECEASED | | AGE | | SEX | | RACE | | DATE OF DEATH | | PLACE OF DEATH | |
| JAMES H. SMITH | | 45 | | Male | | White | | April 1, 1956 | | Home | |
| RESIDENCE | | OCCUPATION | | CAUSE OF DEATH | | MANNER OF DEATH | | SIGNATURE OF EXAMINER | | DATE | |
| 1234 Main St., Baltimore, Md. | | Teacher | | Heart Disease | | Natural | | J. H. Smith | | April 1, 1956 | |
| FATHER | | MOTHER | | BIRTH | | EDUCATION | | RELIGION | | MARRIAGE | |
| John H. Smith | | Mary H. Smith | | April 1, 1911 | | High School | | Roman Catholic | | Married | |
| SISTER | | BROTHER | | PREVIOUS ILLNESS | | HISTORY OF DRUGS | | HISTORY OF ALCOHOL | | HISTORY OF TOBACCO | |
| None | | None | | None | | None | | None | | None | |
| FAMILY HISTORY | | SOCIAL HISTORY | | HISTORY OF TRAUMA | | HISTORY OF SURGERY | | HISTORY OF HYPERTENSION | | HISTORY OF DIABETES | |
| None | | None | | None | | None | | None | | None | |
| FAMILY HISTORY | | SOCIAL HISTORY | | HISTORY OF TRAUMA | | HISTORY OF SURGERY | | HISTORY OF HYPERTENSION | | HISTORY OF DIABETES | |
| None | | None | | None | | None | | None | | None | |

BUREAU V. A.

APR 2 1956

RECEIVED

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3279

CERTIFICATE OF DEATH

Reg. Dist. No.

03251

| | | | |
|---|----------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY St Mary's MARYLAND | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY St Mary's | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Leonardtown | | c. LENGTH OF STAY IN 1b 1 day | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 78 St Mary's Hospital | | d. STREET ADDRESS Palmers | |
| 3. NAME OF DECEASED (Type or print) First Selma Middle Teresa Last Renschke | | 4. DATE OF DEATH Month March Day 26 Year 1956 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Nov. 20, 1866 |
| 9. AGE (In years lost birthday) yrs. 89 | | IF UNDER 1 YEAR Months 4 Days 6 Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Home | |
| 11. BIRTHPLACE (State or foreign country) Germany | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME Frank Hesse | | 14. MOTHER'S MAIDEN NAME Unknown | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | |
| 17. INFORMANT Miss Gertrude Renschke Palmers, Md. | | Address | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 331X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Hemorrhagic pneumonia (c) Arteriosclerosis | | INTERVAL BETWEEN ONSET AND DEATH 24 hrs 20 years | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m. | | 20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> of work <input type="checkbox"/> of work <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | | 20f. (City or town) (County) (State) | |
| 21. I certify that I attended the deceased from June 1953 to March 26, 1956 , that I last saw the deceased alive on March 26, 1956 , and that death occurred at 1020 PM , from the causes and on the date stated above. ADDRESS (Street, city or town, state) Leonardtown, Md. DATE SIGNED William D. Boyd | | | |
| ACTUAL SIGNATURE William D. Boyd M.D. | | | |
| PHYSICIAN'S NAME (Type) WILLIAM D. BOYD M.D. | | Leonardtown, Md. | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 22b. DATE THEREOF 3/28/56 | |
| 22c. NAME OF CEMETERY OR CREMATORY Sacred Heart | | 22d. LOCATION (City, town, or county) (State) Bushwood, Maryland | |
| 23. FUNERAL DIRECTOR'S SIGNATURE Charles J. Mattingly | | ADDRESS Leonardtown, Md. | |
| 24a. REC'D BY REGISTRAR DATE 3/28/56 | | 24b. REGISTRAR'S SIGNATURE William D. Boyd | |

0751

BUREAU V. S.

PR 2

224

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital. The attending physician and complete certificate shall be filed in by the funeral director. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete certificate shall be filed with page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03252

3280

CERTIFICATE OF DEATH

Reg. Dist. No.

282

| | | | | | | | |
|--|------------------------------------|--|---|--|---|--|--|
| 1. PLACE OF DEATH o. COUNTY St. Marys MARYLAND | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY St. Marys | | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RFD - Mechanicsville | | | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RFD - Mechanicsville | | | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION | | | | d. STREET ADDRESS Rural | | | |
| 3. NAME OF DECEASED (Type or print) First Dorthy Middle Marie Last Scriber | | | | 4. DATE OF DEATH Month March Day 15 Year 1956 | | | |
| 5. SEX female | 6. COLOR OR RACE colored | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH May 26, 1954 | 9. AGE (In years last birthday) 1 yrs. | IF UNDER 1 YEAR Months 10 Days Hours Min. | IF UNDER 24 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none | | 10b. KIND OF BUSINESS OR INDUSTRY none | | 11. BIRTHPLACE (State or foreign country) Maryland | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME Francis E. Scriber | | | | 14. MOTHER'S MAIDEN NAME Mary H. Bankins | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. ----- | | 17. INFORMANT Francis E. Scriber- RFD Mechanicsville, Md. | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia, broncho- DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO (c) | | | | | | INTERVAL BETWEEN ONSET AND DEATH 3d. | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | |
| 20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 | | 20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> of work <input type="checkbox"/> | | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | | 20f. (City or town) (County) (State) | |
| 21. I certify that I attended the deceased from Mar 13, 1956 , to Mar 13, 1956 , that I last saw the deceased alive on Mar 13, 1956 , and that death occurred at 5:30 A.M. , from the causes and on the date stated above. | | | | | | | |
| ACTUAL SIGNATURE J. Roy Gupkes | | | | ADDRESS (Street, city or town, state) Mechanicsville | | | |
| DATE SIGNED 3/15/56 | | | | M.D. | | | |
| PHYSICIAN'S NAME (Type) | | | | | | | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 22b. DATE THEREOF 3/17/56 | | 22c. NAME OF CEMETERY OR CREMATORY ST. Joseph Cemetery | | 22d. LOCATION (City, town, or county) (State) Morganza, Maryland | |
| 23. FUNERAL DIRECTOR'S SIGNATURE P. B. Robinson | | | | ADDRESS - Leonardtown, Md. | | 24a. REC'D BY REGISTRAR DATE 3/19/56 | |
| | | | | 24b. REGISTRAR'S SIGNATURE Glen D. Hauser | | | |

CERTIFICATE OF DEATH

| | | | |
|--|--|---|--|
| <p>1. Name of deceased: <u>JOHN J. BROWN</u></p> | | <p>2. Sex: <u>Male</u></p> | |
| <p>3. Date of birth: <u>1895</u></p> | | <p>4. Place of birth: <u>NEW YORK</u></p> | |
| <p>5. Date of death: <u>1956</u></p> | | <p>6. Place of death: <u>BALTIMORE</u></p> | |
| <p>7. Cause of death: <u>Heart Disease</u></p> | | <p>8. Immediate cause: <u>Myocardial Infarction</u></p> | |
| <p>9. Duration of illness: <u>2 weeks</u></p> | | <p>10. Date of onset: <u>1956</u></p> | |
| <p>11. Name of physician: <u>DR. J. H. SMITH</u></p> | | <p>12. Name of hospital: <u>JOHN HOPKINS HOSPITAL</u></p> | |
| <p>13. Name of funeral home: <u>JOHN J. BROWN & SONS</u></p> | | <p>14. Name of cemetery: <u>GREENWOOD CEMETERY</u></p> | |
| <p>15. Name of informant: <u>JOHN J. BROWN</u></p> | | <p>16. Address of informant: <u>1234 E. BALTIMORE</u></p> | |
| <p>17. Signature of informant: <u>[Signature]</u></p> | | <p>18. Signature of physician: <u>[Signature]</u></p> | |

BUREAU V. S.

1956

RECEIVED

3281
CERTIFICATE OF DEATH

Reg. Dist. No.

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| 1. PLACE OF DEATH o. COUNTY ST. MARY'S MARYLAND | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY ST. MARY'S | | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lexington Park | | | | c. LENGTH OF STAY IN 1b 1yr and 1/2 | | | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 531 Saratoga Drive | | | | e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) THOMAS J TIGHE | | | | 4. DATE OF DEATH Month MARCH Day 29 Year 19 56 | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH June 10, 1904 | |
| 9. AGE (In years last birthday) 51 yrs. | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Civil Service Employee | | 10b. KIND OF BUSINESS OR INDUSTRY U S Naval Air Station | | 11. BIRTHPLACE (State or foreign country) Baltimore, Md. | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13. FATHER'S NAME Thomas J. Tighe | | 14. MOTHER'S MAIDEN NAME Virginia Marstelle | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW II | |
| 16. SOCIAL SECURITY NO. 218-28-4626 | | 17. INFORMANT Mrs. Evelyn E. Tighe- Wife - Same as # 2 | | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion 420.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Arterio-sclerosis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) none | | INTERVAL BETWEEN ONSET AND DEATH 15 mins | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) none | | 20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. none 19 | |
| 20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> of work <input type="checkbox"/> | | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none | | 20f. (City or town) none | | (County) (State) | |
| 21. I certify that I attended the deceased from March 29 1956 , to March 31 1956 , that I last saw the deceased alive on 3/29/56 , 19 56 , and that death occurred at 12:15 AM , from the causes and on the date stated above. ADDRESS (Street, city or town, state) Lexington Park, Md DATE SIGNED Julia S. Lane | | | | | | | |
| ACTUAL SIGNATURE Julia S. Lane M.D. | | PHYSICIAN'S NAME (Type) Julia S. LANE Lexington Park, Md | | | | | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 22b. DATE THEREOF March 31, 56 | | 22c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery | | 22d. LOCATION (City, town, or county) (State) Annapolis, Maryland | |
| 23. FUNERAL DIRECTOR'S SIGNATURE HOPPING FUNERAL HOME | | ADDRESS ANNAPOLIS, MARYLAND | | 24a. REC'D BY REGISTRAR APR 3 1956 | | 24b. REGISTRAR'S SIGNATURE Mr. A. B. Danner | |

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

03255

3282 CERTIFICATE OF DEATH

Reg. Dist. No. 281.....

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (HOME) OF DECEASED | | | |
| COUNTY <u>St. Marys</u> | | MARYLAND | | STATE <u>Maryland</u> | | COUNTY <u>St. Marys</u> | |
| CITY (If outside corporate limits, write RURAL OR and give nearest town) | | LENGTH OF STAY (in this place) | | CITY (If outside corporate limits, write RURAL and give nearest town) | | | |
| TOWN <u>Lexington Park</u> | | | | TOWN <u>Lexington Park</u> | | | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Station Hospital, U.S. Naval Air Station, Patuxent River, Maryland</u> | | | | STREET ADDRESS (If rural give location) <u>101 Chinlee Drive</u> | | | |
| 3. NAME OF DECEASED (Type or Print) | | | | 4. DATE OF DEATH (Month) (Day) (Year) | | | |
| (First) <u>Donna</u> | | (Middle) <u>Marie</u> | | (Last) <u>Weed</u> | | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>Caucasian</u> | | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u> | | 8. DATE OF BIRTH <u>25 January 1956</u> | |
| 9. AGE last birthday <u>47</u> yrs. | | IF UNDER 1 Year | | IF UNDER 24 HRS. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Massachusetts</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
| 13. FATHER'S NAME <u>Ernest Edmund Weed Jr.</u> | | | | 14. MOTHER'S MAIDEN NAME <u>Lillian Arlene Mercurio</u> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>No</u> | | | | 16. SOCIAL SECURITY NO. <u>Ernest Edmund Weed Jr.</u> | | | |
| | | | | 17. INFORMANT'S ADDRESS <u>101 Chinlee Drive, Lexington Park, Md.</u> | | | |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | | | 18. MEDICAL CERTIFICATION | | | |
| 492X IMMEDIATE CAUSE (A) <u>Pneumonitis</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u> | | | |
| ANTECEDENT CAUSE(S) DUE TO | | | | | | | |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO | | | | | | | |
| (C) | | | | | | | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | |
| 21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <input type="checkbox"/> Not while at work <input type="checkbox"/> | | 21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>12 March</u>, 19<u>56</u>, to <u>12 March</u>, 19<u>56</u>, that I last saw the deceased alive on <u>12 March</u>, 19<u>56</u>, and that death occurred at <u>0710AM</u>, from the causes and on the date stated above. | | | | | | | |
| SIGNATURE <u>J. H. Harris</u> | | | | ADDRESS (Street, city, town, state) <u>HARRIS LT MC USNR M.D. Station Hospital, USNAS, Patuxent River, Md.</u> | | | |
| DATE THEREOF <u>3/14/56</u> | | | | NAME OF CEMETERY OR CREMATORY <u>Quincy, Massachusetts</u> | | | |
| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Transportation</u> | | | | 24. REC'D BY REGISTRAR <u>P. J. Beary M.D.</u> | | | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>P. B. Robinson</u> | | | | ADDRESS <u>Leonardtown, Md.</u> | | | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After the certificate has been signed by the attending physician and completed, it should be filed with the funeral director. Page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03256

3283

CERTIFICATE OF DEATH

Reg. Dist. No.

282

| | | | | | | | |
|--|------------------------------------|---|--|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY St. Marys MARYLAND | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY St. Marys | | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Loveville | | | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Loveville | | | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Rural | | | | d. STREET ADDRESS Rural | | | |
| 3. NAME OF DECEASED (Type or print) First John Middle Floyd Last Young | | | | 4. DATE OF DEATH Month March Day 19 Year 1956 | | | |
| 5. SEX male | 6. COLOR OR RACE colored | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 11 October 1905 | | 9. AGE (In years last birthday) yrs. 50 | IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor | | 10b. KIND OF BUSINESS OR INDUSTRY Md. State Road Comm. | | 11. BIRTHPLACE (State or foreign country) Maryland | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME John H. Young | | | | 14. MOTHER'S MAIDEN NAME Rose H. Barnes | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. ----- | | 17. INFORMANT Address Stephen R.L. Young - Leonardtown, Md. | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac decompensation 4/6x DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Rheumatic cardiovascular DUE TO (c) disease - auricular fibrillation 40 yrs? | | | | | | INTERVAL BETWEEN ONSET AND DEATH 6 years | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | | | | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | |
| 20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19 | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | | 20f. (City or town) (County) (State) | |
| 21. I certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:00 A.M. from the causes and on the date stated above. | | | | | | | |
| ACTUAL SIGNATURE J. Roy Gwyther M.D. | | | | ADDRESS (Street, city or town, state) Neckarsville DATE SIGNED | | | |
| PHYSICIAN'S NAME (Type) | | | | | | | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 22b. DATE THEREOF 3/21/56 | | 22c. NAME OF CEMETERY OR CREMATORY St. Joseph Cemetery | | 22d. LOCATION (City, town, or county) (State) Morganza, Maryland | |
| 23. FUNERAL DIRECTOR'S SIGNATURE P. Robinson | | | | ADDRESS Leonardtown, Md. | | 24a. REC'D BY REGISTRAR DATE 3/20/56 | |
| | | | | 24b. REGISTRAR'S SIGNATURE Glean D. Hannon | | | |

THE UNIVERSITY OF CHICAGO PRESS

BUREAU V. S.

MAR 21 1956

RECEIVED
MAR 21 1956